



Part B Ground Ambulance Transports

TrailBlazer® has targeted non-emergency ambulance transports in Texas as the number one problem since 2007. Service-specific medical review and ongoing education has been furnished to providers whose claims suspend for prepayment review. Currently, about 90 percent of these services are not covered for two primary reasons:

- The patient does not meet Medicare's requirements for transportation by ambulance.
- Information required to determine eligibility for coverage is absent from the medical documentation.

Coverage Requirements for Ambulance Transports

Medicare coverage for ambulance transportation is limited by CMS national policy in accordance with federal law.

Ambulance transportation is a covered service under Medicare when the patient's condition is such that the use of any other method of transportation would endanger the patient's health.

A patient whose condition permits transport in any type of vehicle other than an ambulance does not qualify for services under Medicare.

Medicare payment for ambulance transportation depends on the patient's condition at the actual time of the transport, regardless of the patient's diagnosis or any other reason for the transport.

Medical review of these services shows documentation for many repetitive non-emergency ambulance transports not only does not provide sufficient information to determine if the patient is eligible for transport on the date of service but also clearly demonstrates the patient does not meet Medicare's requirements for coverage at the time of transport. **The run sheet must clearly state the patient's functional and/or mental limitations that prevent safe transportation by another method.** A Physician Certification Statement (PCS) is required for these transports and must support the information documented on the run sheet and be signed and dated by the attending physician within 60 days prior to the transport.

Please refer to TrailBlazer's Local Coverage Determination (LCD) for ground ambulance transports for more information about coverage requirements.

Documentation Deficiencies

- Physical and mental assessments describing functional limitations are missing from the ambulance run sheets:

- In many cases, only the technical aspect of the ambulance transport was documented on the run sheet, e.g., placement on the stretcher, strapping of safety belts and raising safety rails.
- Specific functional deficits, either physical or cognitive, are not documented.
- The run sheet or PCS lists only diagnoses, conditions and/or conclusory statements and does not describe the patient's functional limitations caused by the health conditions listed or provide any supporting objective information.
- The patient assessment on the run sheet conflicts with the documentation in the PCS.
- The patient is ambulatory or chair-bound at the time of transport.
- A valid PCS for the date of service is not furnished.

What You Can Do

- Perform physical/mental assessments that include objective information on all Medicare patients transported repetitively to determine Medicare eligibility according to published coverage requirements.
- Document the patient's physical/mental limitations and their cause (what is the patient unable to do that requires an ambulance as the only means of safe transportation?). A list of diagnoses is not sufficient and must include the patient's deficits caused by those diagnoses.
- Bill Medicare only for transports of patients who meet Medicare's requirements for coverage.

Signature Requirements

Medicare requires that all medical record documentation for services performed be signed by the provider. Only handwritten or electronic signatures are acceptable. Stamped signatures are not acceptable. Patient identification, date of service and provider of the service should be clearly identified on the documentation submitted.

If the legibility of signatures is questionable, please include a signature legend with the medical documentation. If the signature is absent from the medical record, please include an attestation statement. Any documentation submitted without an acceptable signature or attestation will not be considered in the review of the submitted records.

The physician's signature on the PCS must be legible or the physician's name must be printed along with the signature. If the signature is not legible and the name is not printed with the signature, please include a legend that identifies the attending physician. Credentials of ambulance attendants should be included with their signatures on the run sheet. If credentials are not noted on the run sheet, please include a signature legend with credentials with the documentation submitted.

TrailBlazer Resource Material

For additional details and requirements, refer to:

- “Ambulance Services (Ground Ambulance)” LCD.
<http://www.trailblazerhealth.com/Tools/LCDs.aspx?DomainID=1&ID=3316>
- *Ambulance* manual.
<http://www.trailblazerhealth.com/Publications/Training Manual/Ambulance.pdf>
- Ambulance Computer-Based Trainings (CBTs).
<http://www.trailblazerhealth.com/Education/CBTs>